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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
Northern District of: Illinois (State)		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	Chapter 11 Chapter 12	, r
	Chapter 13	<u> </u>

#### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself		
Semantine and a contract of the contract of th	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name	Kay	
Write the name that is on	First name	First name
your govemment-issued picture identification (for	Middle name	Middle name
example, your driver's	Shoemaker	
license or passport	Last name	Last name
Bring your picture identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other names you		
have used in the last	First name	First name
8 years Include your married or	Middle name	Middle name
maiden names.	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
Only the last 4 digits     of your Social	XXX - XX9731	XXX - XX-
Security number or federal Individual	OR	OR
Taxpayer Identification number (ITIN)	9 xx - xx-	9 xx - xx-

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Debtor 1 Kay First Nar	ne	Middle Name	Shoemaker Last Name	Case r	number <i>(if kn</i> oi	wn)		_
T I SC TO		Widdle Name	LEST Manie					10:15400m/d
		About Debtor 1:		Ab	out Debtor	· 2 (Spouse Only	y in a Joint Case):	
Any busine and Emplo	yer	I have not used any be	isiness names or EINs.		I have not	used any business	names or EINs.	
Identification Numbers (EIN) you have used in the last 8 years Include trade names and		Business name		Bu	siness nam	ne		_
		Business name		Bu	siness nam	ne		_
Include trade doing busine		EIN	CONTRACTOR OF THE STATE OF THE	EIN	J			—
		EIN		EIN	J		•	_
5. Where you	live			lf	Debtor 2 live	es at a different ac	idress:	TO STATE OF THE ST
		280 W. 2nd St. Number Street		Nur	mber	Street		
		Coal City Illinois	60416		_			
		City State	Zip Gode	City	į.	State	Zip Code	
		Grundy County			unty			
		If your mailing address i	that the court will send any	H C fill	Debtor 2's m	lote that the court	s different from yours will send any notices to	
		Number Street		Nur	nber	Street		
		City Sta	te Zlp Code	City		State	Zip Code	
6. Why you ar choosing the		Check one:		Che	eck one;			
to file for b			before filing this petition, I hav ger than in any other district.	е			filing this petition, I have in any other district.	:
		I have another reason.	Explain. (See 28 U.S.C. §§ 14	08.)	I have anot	ther reason. Explain	. (See 28 U.S.C. §§ 1408	8.)
								—
								_
			· · · · · · · · · · · · · · · · · · ·					_
20-20-20-20-20-20-1-1-1-1-1-1-1-1-1-1-1-				COORDINA AND DRIVAGE CONTRACTOR				

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Debtor 1 Kay First Name	Middle Name	Shoemaker Last Name	_ Case number (if kno	(пмс)
Part 2: Tell the Court Abo	out Your Bankruptcy Case			
7. The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a brief describankruptcy (Form B2010)). All Chapter 7 Chapter 11 Chapter 12 Chapter 13	iption of each, see <i>Notice Re</i> Iso, go to the top of page 1 ar	equired by 11 U.S.C nd check the appro	C. § 342(b) for Individuals Filing for opriate box.
8. How you will pay the fee	more details about how cashier's check, or mone may pay with a credit case.  I need to pay the fee in Individuals to Pay Your.  I request that my fee be judge may, but is not retained the official poverty line to the official poverty line.	you may pay. Typically, if yey order. If your attorney is and or check with a pre-primal installments. If you chook Filing Fee in Installments be waived (You may requestionally applies to your family, you must fill out the Application or the property of the statement of the Applies to your family, you must fill out the Applies.	you are paying the submitting your ated address. se this option, signofficial Form 103 at this option only and may do so on size and you are to so we say the solution are to so we say the solution are so we say the solution	the clerk's office in your local court for e fee yourself, you may pay with cash, payment on your behalf, your attorney on and attach the <i>Application for</i> BA).  If you are filing for Chapter 7. By law, a ly if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official
9. Have you filed for bankruptcy within the last 8 years?	✓ No.  Yes. District  District  District	Whe Whe	MM / DD / YYYY en MM / DD / YYYY	Case number  Case number  Case number
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	Ves. Debtor District Debtor District	. Who	MM / DD / YYYY	Relationship to you  Case number, if known  Relationship to you  Case number, if known
11. Do you rent your residence?	No. Go to line			ost You (Form 101A) and file it with

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Debtor 1 Kay First Name		1.0	tala k	Shoemaker	Case nun	mber ((fknown)		
Part 8: Report About Any	Rusi		idle Name S Voll Own as a Sol	Last Name				
***************************************	Duan	10330	10d Own as a Sol	e ri opi ietoi				_
12. Are you a sole proprietor of any full-	V	No.	Go to Part 4.					
or part-time business?		Yes.	Name and location of	of business				
A sole proprietorship is a business you			Name of business, if	any		W		
operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Number	Street		1.00 1000		
If you have more than			City	<del></del>	State	Zip Cod	de	
one sole proprietorship, use a separate sheet and			Check the appropr	iate box to descri	ibe your business:			
attach it to this			Health Care E	Business (as defin	ed in 11 U,S,C, § 1	101(27A))		
petition.			Single Asset F	Real Estate (as de	fined in 11 U.S.C.	§ 101(51B))		
			Stockbroker	(as defined in 11 l	U.S.C. § 101(53A))	1		
			_	•	in 11 U.S.C. § 101	1(6))		
			None of the a	bove				
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor.  If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most received are you a small exist, follow the procedure in 11 U.S.C. § 11 16(1)(B).				ach vour most recent balance				
For a definition of	V	No.	I am not filing under	Chapter 11.				
small business debtor, see 11 U.S.C. § 101(51D).		No.	I am filing under Cha Bankruptcy Code.	pter 11, but I am	NOT a small busin	ess debtor accordi	ng to the definition in the	
· · · · · · · · · · · · · · · · · · ·		Yes.	I am filing under Cha Code.	pter 11 and I am	a small business d	lebtor according to	the definition in the Bankruptcy	у
Part 4: Report if You Own	or H	ave A	ny Hazardous Prop	erty or Any Pro	perty That Need	ls Immediate Atte	ention	
14. Do you own or have	Image: section of the content of the	No.						
any property that poses or is alleged to pose a threat of			What is the hazard?					
imminent and identifiable hazard to public health or			If immediate attention is	needed, why is it	needed?			
safety? Or do you			Where is the property?				•	
own any property that needs immediate attention?				Number	Street	, , , , , , , , , , , , , , , , , , ,		
For example, do you								
own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?				City	,	State	Zip Code	

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First Name Part 5: Explain Your Effo	Middle Name orts to Receive a Brief About Debtor 1:	Last Name ring About Credit Counseling				
	About Debtor 1:					
			About Debtor 2 (Spouse Only in a Joint Case):			
5. Tell the court	You must check one:		You must check one:			
whether you have received briefing about credit counseling.	counseling agend	ng from an approved credit cy within the 180 days before I otcy petition, and I received a ipletion.	I received a briefing from an approved credit counseling agency within the 180 days before filed this bankruptcy petition, and I received a certificate of completion.			
The law requires that you receive a briefing		ne certificate and the payment plan, reloped with the agency.	Attach a copy of the certificate and the payment p if any, that you developed with the agency.	olan,		
about credit counseling before you file for bankruptcy. You must truthfully	counseling agend	ng from an approved credit cy within the 180 days before I otcy petition, but I do not have a apletion.	I received a briefing from an approved credit counseling agency within the 180 days before filed this bankruptcy petition, but I do not have certificate of completion.	e I ve a		
check one of the following choices. If you cannot do so, you are not eligible to file.		er you file this bankruptcy petition, opy of the certificate and payment	Within 14 days after you file this bankruptcy petitic you MUST file a copy of the certificate and payme plan, if any.	ent		
If you file anyway, the court can dismiss your case, you will lose whatever filing fee you	from an approved obtain those serving made my request	ted for credit counseling services d agency, but was unable to vices during the 7 days after I t, and exigent circumstances mporary waiver of the	I certify that I asked for credit counseling serve from an approved agency, but was unable to obtain those services during the 7 days after made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.	l		
paid, and your creditors can begin collection activities again.	requirement, attac efforts you made to unable to obtain it	y temporary waiver of the h a separate sheet explaining what o obtain the briefing, why you were before you filed for bankruptcy, and mstances required you to file this	To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining wefforts you made to obtain the briefing, why you we unable to obtain it before you filed for bankruptcy what exigent circumstances required you to file the case.	/ere /, and		
		dismissed if the court is dissatisfied for not receiving a briefing before uptcy.	Your case may be dismissed if the court is dissatis with your reasons for not receiving a briefing befor you filed for bankruptcy.			
	receive a briefing of must file a certifica with a copy of the	fied with your reasons, you must still within 30 days after you file. You tte from the approved agency, along payment plan you developed, if any o, your case may be dismissed.		u along if any.		
		ne 30-day deadline is granted only nited to a maximum of 15 days.	Any extension of the 30-day deadline is granted of for cause and is limited to a maximum of 15 days.	Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.		
	I am not required counseling becar	l to receive a briefing about credi use of:	I am not required to receive a briefing about of counseling because of:	credit		
	Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.	Incapacity. I have a mental illness or a me deficiency that makes me incapable of realizing or makin rational decisions about finance.	ng		
	Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.	Disability. My physical disability causes no be unable to participate in a briefing in person, by phone, of through the internet, even after reasonably tried to do so.	or		
	Active duty.	I am currently on active military duty in a military combat zone.	Active duty. I am currently on active military duty in a military combat zone.			
	about credit coun	are not required to receive a briefin seling, you must file a motion for ounseling with the court.		riefing		

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Debtor 1 Kay First Name		noemaker	Case number (if known)	
		st Name		
Part 6: Answer These Qu	estions for Reporting Purposes			
16. What kind of debts do you have?	<ul> <li>16a. Are your debts primarily of "incurred by an Individual p. No. Go to line 16b.</li> <li>✓ Yes. Go to line 17.</li> <li>16b. Are your debts primarily be money for a business or incomp. No. Go to line 16c.</li> <li>✓ Yes. Go to line 17.</li> <li>16c. State the type of debts you</li> </ul>	orimarily for a person nusiness debts? <i>Bus</i> vestment or through	nal, family, or househo siness debts are debts the operation of the b	old purpose."  that you incurred to obtain pusiness or investment.
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	expenses are paid that fur No.	7. Do you estimate that	after any exempt prope distribute to unsecured	erty is excluded and administrative creditors?
18. How many creditors do you estimate that you owe?	☑ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,000 5,001-10,00 10,001-25,0	00	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000
<sup>19.</sup> How much do you estimate your assets to be worth?	□ \$0-\$50,000 □ \$50,001-\$100,000 ☑ \$100,001-\$500,000 □ \$500,001-\$1 million	\$10,000,00 \$50,000,00	-\$10 million 1-\$50 million 1-\$100 million 101-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20. How much do you estimate your liabilities to be?	□ \$0-\$50,000 □ \$50,001-\$100,000 ☑ \$100,001-\$500,000 □ \$500,001-\$1 million	\$10,000,00 \$50,000,00	-\$10 million 1-\$50 million 1-\$100 million 01-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Part 7: Sign Below				
For you	of title 11, United States Code. It under Chapter 7.  If no attorney represents me and I out this document, I have obtaine I request relief in accordance with I understand making a false state.	pter 7, I am aware th understand the relief I did not pay or agree ed and read the notic of the chapter of title ment, concealing prose can result in fines	at I may proceed, if elight at I may proceed, if elight available under each et o pay someone who be required by 11 U.S.011, United States Cooperty, or obtaining m	gible, under Chapter 7, 11,12, or 13 chapter, and I choose to proceed is not an attorney to help me fill C. § 342(b).  de, specified in this petition. It is not an attorney by fraud in apprisonment for up to 20 years, or
	MM / DD /	YYYY	Executed OU	MM / DD / YYYY

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Debtor 1 Kay		Shoemaker	Case number (#	known)
First Name	Middle Nama	Last Name		
For your attorney, if you are represented by one	eligibility to proceed un- relief available under ea	der Chapter 7, 11, 1 ch chapter for which	12, or 13 of title 11, Unite h the person is eligible. I a	nave informed the debtor(s) about d States Code, and have explained the also certify that I have delivered to the
If you are not represented by an	debtor(s) the notice requested have no knowledge after	uired by 11 U.S.C. { r an inquiry that the	§ 342(b) and, in a case in e information in the sched	which § 707(b)(4)(D) applies, certify that I dules filed with the petition is incorrect.
attorney, you do not need to file this page.	/s/ James Durkee	for Debtor	Date N	4/2/2018 MM / DD / YYYY
	James Durkee Printed name  Malmquist Geiger & E Firm name  415 Liberty St Street	Jurkee		
	Morris City		Illinois State	60450 Zip Code
	Contact phone	8159425072	Email address	jimdurkee@mglawoffices.com
	62962	97	<u>_</u>	<u></u>
	Bar number		State	

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Fill in this infor	mation to identify your c	ase:	
Debtor 1	Kay		Shoemaker
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Northern	District of Illinois
Case number (If known)			(State)

	Check if this is ar	•
_	amended filing	

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets	
	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$ 152,000.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$11,225.00
1c. Copy line 63, Total of all property on Schedule A/B	\$163.225.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
<ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol>	\$157,398.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$ 3 5,66.8.60
Your total liabilities	\$188,066.00
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	\$2.504.00
Copy your combined monthly income from line 12 of Schedule I	\$3,501.00
Schedule J: Your Expenses (Official Form 106J)     Copy your monthly expenses from line 22, Column A, of Schedule J	\$3,421.02

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Deb	otor 1 Kay	Shoemaker	Case number (if known)						
	First Name Middle Name	Last Name							
Part	4: Answer These Questions for Administrative	e and Statistical Records							
6. A	6. Are you filing for bankruptcy under Chapters 7, 11, or 13?								
odest to a constant	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.								
	✓ Yes.								
7. V	Vhat kind of debt do you have?								
	Your debts are primarily consumer debts. Consum family, or household purpose. 11 U.S.C. § 101(8). Fil	ner debts are those incurred by an I out lines 8-10 for statistical purpo	individual primarily for a personal, oses. 28 U.S.C. § 159.	•					
l	Your debts are not primarily consumer debts. You this form to the court with your other schedules.	have nothing to report on this pa	rt of the form. Check this box and sub	mit					
8.	From the Statement of Your Current Monthly Income Form 122A-1 Line 11; OR, Form 122B Line 11; OR, For	: Copy your total current monthly m 122G-1 Line 14.	income from Official	\$1,381.67					
9.	Copy the following special categories of claims from	n Part 4, line 6 of Schedule E/F:							
	From Part 4 on Schedule E/F, copy the following:		Total claim						
rannonal della rida (dal. dal.	9a. Domestic support obligations (Copy line 6a.)		\$0.00						
A TOWN COLUMN	9b. Taxes and certain other debts you owe the government	ent. (Copy line 6b.)	\$0.00						
	9c. Claims for death or personal injury while you were in	toxicated. (Copy line 6c.)	\$0.00						
	9d. Student loans. (Copy line 6f.)		\$0.00						
The second secon	9e. Obligations arising out of a separation agreement or priority claims. (Copy line 6g.)	divorce that you did not report as	\$0.00						
edept, espekimen de de de	9f. Debts to pension or profit-sharing plans, and other s	imilar debts. (Copy line 6h.)	\$0.00						
N on Manager A section			\$0.00						
***************************************	9g. Total. Add lines 9a through 9f.		00,00						

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Fill in this	information to identify yo	ur case:		
Debtor 1				
Deptor I	Kay First Name	Middle N	Shoemaker Varne Last Name	
Debtor 2	, not really	Wildio i	Last Name	
(Spouse, if f	ling) First Name	Middle 1	Name Last Name	
United Sta	ates Bankruptcy Court for t	he: Northem	District of Illinois	
Case num (If known)	hber		(State)	
Officia	ıl Form 106A/B			Check if this is an amended filing
Sche	dule A/B: Pro	perty		12/1!
category responsib write your Part 1:	where you think it fits be le for supplying correct in name and case number Describe Each Resid	st. Be as complete a nformation. If more s (if known). Answer e ence, Building, La	nd, or Other Real Estate You Own or Hav	are filing together, both are equally s form. On the top of any additional pages, re an Interest In
1. Do you	i <b>own or have any legal</b> o No, Go to Part 2	r equitable interest	in any residence, building, land, or similar prop	erty?
1.1	Yes. Where is the property  Street address, if available.		What is the property? Check all that apply.  Single-family home	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.
	280 W. 2nd St. Number Street		Duplex or multi-unit building Condominium or cooperative	Current value of the Current value of the
	- Cast		Manufactured or mobile home	entire property? portion was own?
	Coal City Illinois	60416	Land	\$: 152,000.0° \$152,000.0D
	City State	Zip Code	Investment property	Describe the nature of your ownership
	Grundy		Timeshare	interest (such as fee simple, tenancy by the entireties, or a life estate), If known.
	County		Other	
			Who has an interest in the property? Check	Check if this is community property (see instructions)
			one.  Debtor 1 only	
			Debtor 2 only	
l			Debtor 1 and Debtor 2 only	
			At least one of the debtors and another	
			Other information you wish to add about this	item, such as local
			property identification number: Delotor's valuation is	•
If you	own or have more than on	e, list here:		•
4.0			What is the property? Oheck all that apply.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D.
1.2	Street address, if available,	or other description	Single-family home	Creditors Who Have Claims Secured by Property.
			Duplex or multi-unit building	Current value of the Current value of the
			Condominium or cooperative  Manufactured or mobile home	entire property? portion you own?
			Land	
	Number Street		Investment property	Describe the nature of your ownership
			Timeshare	interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
	City State	Zip Code	Other	
				Check if this is community property
			Who has an interest in the property? Check one.	(see instructions)
			Debtor 1 only	<b>L</b>
			Debtor 2 only	
			Debtor 1 and Debtor 2 only	
			At least one of the debtors and another	
			Other information you wish to add about this property identification number:	item, such as local

Official Form 106A/B

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Debtor 1	Kay First Name	Middle Name	Shoemaker Last Name	_ Case number	(if known)	
1.3	et address, if available, or o		What is the property? Check all that a Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	pply.	the amount of any secu	claims or exemptions. Put ired claims on Schedule D: aims Secured by Property. Current value of the portion you own?
Num City		Zip Code	Land Investment property Timeshare Other	_	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
		Const.	Who has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and	ther	(see instructions)	ommunity property
2. Add	the dollar value of the po	1	property identification number:  all of your entries from Part 1, inclu		s for pages	55000.00
you ha	ve attached for Part 1. W	rite that number h	ere.		<b>3</b> 10	
Do you ow You own th	hat someone else drives. If ins, trucks, tractors, sport u	r equitable interes you lease a vehicle,	t in any vehicles, whether they are also report it on Schedule G: Executor cycles	registered or no y Contracts and	ot? Include any vehicles Unexpired Leases.	
3,1	Make Model: Year:	Lincoln Town Car 2000	Who has an interest in the propose.  ✓ Debtor 1 only	erty? Check	the amount of any sec	d claims or exemptions. Put sured claims on <i>Schedule D:</i> laims Secured by Property.
	Approximate mileage: Other information:	135,000	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an		Current value of the entire property?	Current value of the portion you own?
3,2	Make Model: Year:		Check if this is community instructions)  Who has an interest in the propone.  Debtor 1 only		the amount of any sec Creditors Who Have C	d claims or exemptions. Put cured claims on <i>Schedule D:</i> laims Secured by Property.
	Approximate mileage: Other information:		Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an Check If this is community instructions)		Current value of the entire property?	Current value of the portion you own?

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Debtor 1	Kay First Name	Middle Name	Shoemaker Last Name	Case numbe	er (if known)	··	
3.3	Make Model: Year:		Who has an interest in the pone.  Debtor 1 only	property? Check	the amount of any secu	claims or exemptions. Put ired claims on <i>Schedule D:</i> alms Secured by Property.	
NATA A SANINANA Y ANTONONY A Y	Approximate mileage: Other information:		Debtor 2 only Debtor 1 and Debtor 2 on	•	Current value of the entire property?	Current value of the portion you own?	
TO COLUMN AND AND AND AND AND A DEAD A DEAD AND A DEAD A DEAD A DEAD AND A DEAD A DEA	of from sometimes and sometimes as it is a source of it.	and a second sec	At least one of the debtors Check if this is commun instructions)				
3.4	Make Model: Year:		Who has an interest in the pone.  Debtor 1 only	property? Check	the amount of any secu	secured claims or exemptions. Put any secured claims on <i>Schedule D:</i> Have Claims Secured by Property.	
annow You major do control you	Approximate mileage: Other information:		Debtor 2 only Debtor 1 and Debtor 2 on	ly	Current value of the entire property?	Current value of the portion you own?	
MARKAN AND PARKET PARKE		THE PROPERTY OF THE PROPERTY O	At least one of the debtors Check if this is commun instructions)				
4 Wat Exal	nples: Boats, trailers, motors, No Yes	personal watercraft, fi	recreational vehicles, other shing vessels, snowmobiles, n	notorcycle accessori	es		
<b>4.</b> 1	Make Model: Year:		Who has an interest in the pone.	roperty? Check	the amount of any secu	claims or exemptions. Put ired claims on Schedule D; ims Secured by Property.	
	Approximate mileage: Other information:		Debtor 2 only Debtor 1 and Debtor 2 onl At least one of the debtors Check if this is commun	and another	Current value of the entire property?	Current value of the portion you own?	
4.2	Make Model: Year: Approximate mileage: Other information:		instructions)  Who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 onl At least one of the debtors	y and another	the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D: lims Secured by Property.</i> Current value of the portion you own?	
5. Add you ha	the dollar value of the porti ve attached for Part 2. Write	on you own for all o	Check if this is commun instructions)  If your entries from Part 2, in	cluding any entrie	s for pages		

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	btor 1 Kay	Shoemaker Case number (if known)  Middle Name Last Name	
~::::	First Name	our Personal and Household Items	
		ve any legal or equitable interest in any of the following items?	Current value of the portion you own?  Do not deduct secured claims
			or exemptions.
	, <mark>Household goods</mark> Examples: Major app No	and furnishings pliances, furniture, linens, china, kitchenware	
M	Yes. Describe	Two televisions, living room fumiture, bedroom set, pool table, kitchen table	\$1500.00
	. <b>Electronics</b> Examples: Television	s and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music	\ 
図	No Yes, Describe,		
8	. Collectibles of va Examples: Antiques stamp, co	lue lue and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; oin, or baseball card collections; other collections, memorabilia, collectibles	
回	No Yes. Describe		
9		orts and hobbies hotographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes ks; carpentry tools; musical instruments	
図	No		<b>≟</b> q
	Yes. Describe		
	<b>0. Firearms</b> Examp <del>le</del> s: Pistols, ri	fles, shotguns, ammunition, and related equipment	and all and a second a second and a second a second and a second a second and a second a second and a second a second and a second and a second and a second a second and a second a second a second a second a second and a second and a secon
	No Yes, Describe		
		clothes, furs, leather coats, designer wear, shoes, accessories	
	No Yes. Describe	Personal clothing	\$500.00
1	<b>2. Jewelry</b> Examples: Everyday gold, silv	jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, rer	
	No Yes, Describe	Personal jewelry	\$500.00
1	3. Non-farm anima Examples: Dogs, ca		
区	No Yes, Describe		
1   <b>V</b>	4. Any other perso	onal and household items you did not already list, including any health aids you did not list	
	Yes. Describe		
f	5. Add the dollar voor Part 3. Write the	/alue of all of your entries from Part 3, including any entries for pages you have attached at number here	\$4500.00

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Deb	tor 1 Kay		Shoemaker	Case number (if known)	
	First Name	Middle Name	Last Name	· · · · · ·	
Part	4: Describe Your	Financial Assets			
Do	you own or have ar	ny legal or equitable interes	in any of the followi	ing?	Current value of the portion you own? Do not deduct secured claims
16.	Cash		36		or exemptions.
		ave in your wallet, in your home, ir	a safe deposit box, and	on hand when you file your petition	
Stad W Advaltured to	<b>√</b> No				
	Yes	***************************************	*******************	Cash:	
17.	Deposits of money			Casii.	
	Examples: Checking, s and other similar in	avings, or other financial accounts astitutions. If you have multiple ac	; certificates of deposit; s counts with the same ins	hares in credit unions, brokerage houses, titution, list each.	
	No				
	✓ Yes		Institution name:		
		47.4 (0) 11			
		17.1. Checking account:	Midland States Bank	THE CONTRACTOR OF THE CONTRACT	\$3500.00
		17.2. Checking account:			
		17.3. Savings account:			-
		17.4. Savings account:			
		17.5. Certificates of deposit;			NAME OF THE PROPERTY OF THE PR
		17.6. Other financial account:	***********		<u> </u>
		17.7. Other financial account:	***************************************	,	
		17,8, Other financial account:		A Mariana Andreas Andr	The State of
		17,9, Other financial account:		100 4000	710 POLICE (V. L.
18.		or publicly traded stocks		, , , , , , , , , , , , , , , , , , , ,	- 1000
	_	, investment accounts with broker	age firms, money market	accounts	
	✓ No	Institution or issuer name:			
	Yes				
		, IMPLE 41-			
			7		
19.	Non-publicly traded s an LLC, partnership,	itock and interests in incorpora and joint venture	ted and unincorporated	l businesses, including an interest in	
	✓ No	•			
	Yes. Give specific	Name of entity		% of ownership:	
	information about them	MINISTER STATE OF THE STATE OF			
	435111				
			-		
***************************************					

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Debt	or 1 Kay		Shoemaker	Case number (if known)	
L.0.0000000000000000000000000000000000	First Name	Middle Name	Last Name		
20.	Negotiable instruments	porate bonds and other negotia s include personal checks, cashiem nents are those you cannot transf	s' checks, promissory nates	i, and money orders.	
	✓ No				-
	Yes, Give specific information about them	Issuer name:			
		<u> </u>			
			· · · · · · · · · · · · · · · ·		
21.	Retirement or pension Examples: Interests in	on accounts IRA, ERISA, Keogh, 401(k), 403(l	b), thrift savings accounts, o	or other pension or profit-sharing plans	
	✓ Yes, List each	Type of account:	Institution name:		· ·
	account	401(k) or similar plan:			_
	separately.	Pension plan:	Illinois Municipal Retirem	nent Fund	Unknown
		IRA:			
		Retirement account:			
		Keogh:			
		Additional account:			
		Additional account:			
22.	Security deposits an Your share of all unus Examples: Agreements companies, or others	d prepayments ed deposits you have made so th s with landlords, prepaid rent, pub	at you may continue service lic utilities (electric, gas, wat	or use from a company er), telecommunications	
-	<b>⋰</b> No		Institution name:		
odinostat vilata v t	Yes	Electric:		· · · · · · · · · · · · · · · · · · ·	
CABANNASA		Gas:			
AND SHARE AND POST		Heating oil:			
and a second		Security deposit on rental unit:			
euronomen de la composition della composition de		Prepaid rent:			
And and the state of		Telephone:			
****		Water:	·		
		Rented furniture:			
The state of the s		Other:		V MARTON	
23.	Annuities (A contract	for a periodic payment of money	to you, either for life or for a	number of years)	
ACCUPATION OF THE PERSON OF TH	<b>✓</b> No	Issuer name and description:			
ales designates of the designation of the designati	Yes	тавиет панте апо севстрион.			
unquonnalitus			- AA-4197 H		
remark to constant			the Assessment .		
Ì				The second secon	

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•
value of the ou own? fuct secured xemptions.
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Debt	or 1 Kay First Name	Middle Name	Shoemaker Last Name	Case number (if known)	
31.	Interests in insurance pol Examples: Health, disability,	icles or life insurance; health sa	vings account (HSA); credit, ho	meowner's, or renter's insurance	
e de la composiçõe de l	Yes. Name the insurand of each policy and list is	ce company	pany name:	Beneficiary:	Surrender or refund value:
annen vadoran e a ve de vela de le Ve de		<u>·</u>			
32.	Any interest in property t If you are the beneficiary of property because someone	a living trust, expect proceed	one who has died eds from a life insurance policy	, or are currently entitled to receive	
non automorphism description of the state of	✓ No Yes. Describe				
33.	Claims against third part Examples: Accidents, emple	ies, whether or not you he byment disputes, insurance	ave filed a lawsuit or made a claims, or rights to sue	a demand for payment	
ANY AND	✓ No ✓ Yes. Describe				
34.	Other contingent and unito set off claims	iquidated claims of every	nature, including counterc	laims of the debtor and rights	
	Ves. Describe				
35.	Any financial assets you	did not already list			
outuner ve are a vic Av. a d'a A' (Algelijk Ve a	✓ No ✓ Yes. Describe				
36.	Add the dollar value of a for Part 4. Write that nur	II of your entries from Par	t 4, including any entries fo	r pages you have attached	\$3500.00
	D	us sa Dalahad Dyamayh	v Vau Own er Hove en k	nterest In. List any real estate in Par	: <del>1</del>
			t in any business-related pro		
37.	No. Go to Part 6. Yes. Go to line 38.	egal of equilibrie interes	c in any additions related a pro-	, 1 1	Current value of the portion you own? Do not deduct secured claims or exemptions
38,	Accounts receivable or o	commissions you already	earned	- 13	
Management of the Control of the Con	✓ No Yes, Describe				
39,	Office equipment, furnish Examples: Business-relater	nings, and supplies	dems, printers, copiers, fax ma	ichines, rugs, telephones, desks, chairs, elec	tronic devices
	✓ No Yes. Describe	***************************************			
Street Street		· · · · · · · · · · · · · · · · · · ·	and the state of t		

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Deb	itor 1 Kay First Name	. 34   4	Shoemaker	Case number (if known)	
40.		Middle Name quipment, supplies you use in b	Last Name rusiness, and tools of vo	ır trade	
out the same of th	<b>√</b> No				j
www.mercen.	Yes, Describe		The second secon	CONTRACTOR	
parjant Alvinous	-			The state of the s	
41.	Inventory				
	<b>☑</b> No				
	Yes, Describe,			kiki	A STATE OF THE STA
42.	Interests in partnershi	ps or joint ventures			
	✓ No  Yes, Give specific	Name o	f entity:	% of ownership:	
	information about	***			
	them				
					<del></del>
43. (	Customer lists, mailing l	lists, or other compilations			UL
	<b>✓</b> No				
	Yes. Do your lists in	clude personally identifiable inforn	nation (as defined in 11 U.	S.C. § 101(41A))?	
	No			COMMISSION CONTINUES SEAL A SEA CONFESSION CONTINUES.	
	Yes. Descri	De			
44.	Any business-related p	roperty you did not already list		A CAMPAN AND THE STREET OF THE STREET AND	
	<b>☑</b> No		****		
	Yes, Give specific information				
			100		
				, resident	-
45. Ad for Pa	dd the dollar value of all art 5. Write that number	l of your entries from Part 5, inchere	cluding any entries for p	ages you have attached	
Part				You Own or Have an Interest In.	
	If you own or have an i	nterest in farmland, list it in Part 1.		ou om or have an interest in	
46.	Do you own or have an	y legal or equitable interest in	any farm- or commercia	l fishing-related property?	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	No. Go to Part 7. Yes. Go to line 47.				Current value of the portion you own?
	L res. do to me 47.				Do not deduct secured claims or exemptions
47.	Farm animals Examples: Livestock, por	ultry, farm-raised fish			THE PROPERTY OF THE PROPERTY AND THE PROPERTY AND THE
	<b>☑</b> No				
	Yes. Describe				

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Debt	or 1 Kay	y st Name		Shoemaker Last Name	Case number (if known)	
48.		either growing				
	<b>√</b> No					
49.	Farm a	and fishing equi	 oment, implements, machinery, fixtur	es, and tools of trade		
	√ No		•			
	THE PERSON NAMED IN	s, Describe				
and the second						
50.	Farm a	and fishing supp	lies, chemicals, and feed			
	✓ No		. 25 (1975 <del>- 19</del> 19 (19 19 19 19 19 19 19 19 19 19 19 19 19 1			
e de la constitución de la const	Ye	es. Describe				
			rcial fishing-related property you did	not already list		
51,	Any ta		rcial listility-related property you did	not an eady not		
	_	es. Describe			n a martinal a recommendately (1977). A fairle de Arman a margament of the 1975 (Arman a martina systemation and the contract of the contract	
				A	remains to the world of the confidence of the co	
		d-theurelys of a	ll of your entries from Part 6, including	na any entries for nages y	you have attached	
for Pa	act file (	rite that numbe	r here	pages	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
400 Ann						
Part			perty You Own or Have an Inter		ot List Above	
53.			perty of any kind you did not already ts, country club membership	list?		
And particular and productions of the contract	✓ No		*			
****		es. Give specific				
maa vaadilinkk Val	ini	formation				
LIVE A VAN A SHOW						
54. A	dd the	dollar value of a	ill of your entries from Part 7. Write t	hat number here		<b>•</b>
ou and read to the second						
Average agreement						
-	•					
-Part	8: Li	ist the Totals o	of Each Part of this Form			
*******					<b>&gt;</b>	\$152,000.00
55.	Part 1:	Total real estat	e, line 2			
1	•	total vehicles, li		3225.00	•	•
			ind household items, line 15	\$4500,00		
		Total financial a		\$3500,00		
			related property, line 45	<u> </u>		
			fishing-related property, line 52			
WHOMA			perty not listed, line 54		A Control Millions	
62.	Total p	ersonal propert	y. Add lines 56 through 61	" \$11.225.00	Copy personal property total	+41(,225.00
Committee should recommit					i i i i i i i i i i i i i i i i i i i	\$163,225.00
63.	Fotal of	f all property on	Schedule A/B, Add line 55 + line 62		***************************************	4 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3

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Debtor 1 Kay First Name	Middle Name	Shoemaker Last Name	Case number (If known)
Schedule A/B: P			
Part 3: Describe Your Pe	ersonal and Household It	ems	
Do you own or have any	legal or equitable interes	t in any of the followin	Current value of the gitems? portion you own?
			Do not deduct secured claims
6.2. Household goods and for			
☐ No			
Yes. Describe Antique	bedroom set	200 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	\$2000.00

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Kay		Shoemaker	
First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
Sankruptcy Court for the:	Northern	District of Illinois (State)	
		(3(3:5)	
	First Name	First Name Middle Name  First Name Middle Name	

#### Official Form 106C

Check if this is an amended filing

04/16

#### Schedule C: The Property You Claim as Exempt

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Par	t 1: Identify the Property You Clain	n as Exempt							
1.	Which set of exemptions are you claimi	ng? Check one only, ev	en if y	our spouse is filing with you.					
About accounts	You are claiming state and federal	nonbankruptcy exemp	tions	. 11 U.S.C. § 522(b)(3)					
	You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A	r any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
A ANDREW OF THE	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption				
AAAAAA SAAAA		Copy the value from Schedule A/B							
-	Brief			•	735 ILCS 5/12-901				
A Accompany of the	description:	\$165,000.00	V	\$15 000 00					
(Mary Andrian)	280 W. 2nd St., Coal		<u></u>	\$15,000.00 100% of fair market value, up to any	_				
	City, IL 60416		applicable statutory limit						
nenual Moderati	Schedule A/B: 01								
ANALON AND AN OFFICE WITHOUT STATES	Brief description:	\$ 3225.00	V	\$ 2900.00	735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b)				
A process assessed	Line from		100% of fair market value, up to any applicable statutory limit		_				
	Schedule A/B: 03								
3.	Are you claiming a homestead exempti (Subject to adjustment on 4/01/19 and ev  No  Yes. Did you acquire the property cov  No  Yes	ery 3 years after that for a	cases	filed on or after the date of adjustment.) 1,215 days before you filed this case?					

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Debtor 1 Kay First Name M		Shoemaker Last Name	Case number (if known)	
Part 2: Additional Page				
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Check only one I	exemption you claim box for each exemption.	Specific laws that allow exemption
Brief description:  Two televisions, living room furniture, bedroom set, pool table, kitchen table  Line from Schedule A/B; 06	\$1,500.00	100% of fail applicable s	r market value, up to any statutory limit	735 ILCS 5/12-1001(b)
Brief description: Checking account, Midland States Bank Line from Schedule A/B: 17	\$3,500.00	100% of fair	market value, up to any statutory limit	735 ILCS 5/12-1001(b)
Brief description: Personal clothing Line from Schedule WB: 11	\$500.00		market value, up to any tatutory limit	735 ILCS 5/12-1001(a)
Brief description: Personal jewelry Line from Schedule A/B; 12	\$500.00	100% of fair	market value, up to any tatutory limit	735 ILCS 5/12-1001(b)
Brief description: Antique bedroom set Line from Schedule A/B: 06	\$2,000.00	☑ 100% of fair applicable s	رن market value, up to any tatutory limit	735 ILCS 5/12-1001(b)
Brief description: Pension plan, Illinois Municipal Retirement Fund Line from Schedule A/B: 21	Unknown	✓ 100% of fair applicable s	market value, up to any tatutory limit	735  LCS 5/12-1006

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Fill in this info	ormation to identify your cas	se:				
Debtor 1	Kay		Shoemaker			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Manage	Middle Name	Last Name			
(Opocco, it illing)	First Name	Milodie Name				
United States	Bankruptcy Court for the:	Northern	District of Illinois (State)			
Case number	r					
(If known)					Ch	eck if this is ar
Official	l Form 106D				5 3	ended filing
Sched	ule D: Credito	ors Who Ha	ve Claims Secure	ed by Prope	ertv	12/1
more space land cand cand land and land land land land land la	s needed, copy the Addition se number (if known). To creditors have claims se Check this box and subm	nal Page, fill it out, nunceured by your proper it this form to the court	e are filing together, both are equal nber the entries, and attach it to t ty? with your other schedules. You hav	his form. On the top o	fany additional pages	ation. If
<b>✓</b> Yes	s. Fill in all of the information	below.				
Part 1: Lis	st All Secured Claims					
separa	t 2. As much as possible, list t	an one creditor has a par	cured claim, list the creditor ticular claim, list the other creditors order according to the creditor's	Column A  Amount of claim  Do not deduct the Value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	AND STBK	Describe the property	that secures the claim:	\$157,398.00	\$152.000.00	\$0.00
133 V	or's Name  N JEFFERSON  Tiber Street		ity, IL 60416   Value: \$165,000.00 , the claim is: Check all that apply.			
		Contingent				
· ——	IGHAM IL 62401	Unliquidated				
Gity Who c	State ZIP Code owes the debt? Check one.	Disputed				
	ebtor 1 only	Nature of lien. Check	all that apply.			
	ebtor 2 only ebtor 1 and Debtor 2 only	An agreement you car loan) 💆 🛬	made (such as mortgage or secured and 22 mortgage			
	t least one of the debtors		as tax lien, mechanic's lien)			
<b>—</b> ar	nd another	Judgment lien from	ı a lawsuit			
	heck if this claim relates a community debt	Other (including a r	ight to offset)			
	debt was 1/2005	Last 4 digits of accou	nt number 6985	APPENDENTE STONE - CO	y 44.44 y 4.44 y 4.	on the New York State Control
The state of the s	Add the dollar value of v	our entries in Column A	on this page. Write that number	\$157.398.60		

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Fill ir	this infor	mation to identify your o	ase:		· · · · · · · · · · · · · · · · · · ·	
Debt	or 1	Kay		Shoemaker		
		First Name	Middle Name	Last Name	<del></del>	
Debt						
(Spou	ise, if filing)	First Name	Middle Name	Last Name		
Unite	ed States B	ankruptcy Court for the:	Northern	District of Illinois		
Cook	number			(State)		
(If kno				· · · · · · · · · · · · · · · · · · ·		
Off	icial F	orm 106E/F				Check if this is an amended filing
			11.7 3.471			
2C	neau	lie E/F: Cre	altors wno	Have Unse	cured Claims	12/15
Form claim	106A/B) as that are ntries in t n).	and on <i>Schedule G: Exe</i> listed in <i>Schedule D:</i> ( he boxes on the left, A	ecutory Contracts and Une Creditors Who Hold Claims	xpired Leases (Official Secured by Property. I	Form 106G). Do not include an f more space is needed, copy to	on Schedule A/B: Property (Official y creditors with partially secured he Part you need, fill it out, number rite your name and case number (if
1.	Do any cr	editors have priority u	nsecured claims against ye	ou?		
4900000	-	Go to Part 2,	,			
AND DESCRIPTION OF THE PERSON	Yes.					
TANK LIBERTAN VARIABLE FA RAN	List all of listed, ider As much a Continuati	ntify what type of claim it as possible, list the claim ion Page of Part 1. If mo	is. If a claim has both priorit	y and nonpriority amount ling to the creditor's nam particular claim, list the ot	ts, list that claim here and show b e. If you have more than two prio her creditors in Part 3.	TREASERS OF SECURITY ENGINEERS IN SECURITY OF SECURITY
And the same					2000 Prof:	Total Priority Nonpriority claim amount amount

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Debto	or 1 Kay		Shoemaker	Case number @fki	nown)	APPART .
	First Name	Middle Name	Last Name			
Part 2	List All of You	r NONPRIORITY Unsec	cured Claims			
[ [ 4. L	No. You have no Yes.  List all of your nonpure cured claim. list the	riority unsecured claims in he creditor separately for each	Submit this form to the co	ourt with your other schedules.  the creditor who holds each of identify what type of claim it is. 3.If you have more than four pri	. Do not list claims already ir	icluded in Part 1.
F	Page of Part 2.					Total claim \$2,099.00
4,1	BK OF AMER Nonpriority Creditor POB 15026	's Name		st 4 digits of account number en was the debt incurred?	9330 4/2016	
	Number Street			of the date you file, the claim	is: Check all that apply.	
		Delautere	19801	Contingent		
	WILMINGTON City	Delaware State	Zip Code	Unliquidated		
	Who incurred the			Disputed		
	Debtor 1 only		Туј	se of NONPRIORITY unsecured	d claim:	
	Debtor 2 only			Student loans		
	Debtor 1 and D	•		Obligations arising out of a sep divorce that you did not report	aration agreement or	
		the debtors and another	: <b>C</b>	Debts to pension or profit-shar	, ,	
and Comments	Is the claim subje	claim relates to a commun ct to offset?	Ity debt	debts Other, Specify Cred	itCard	
	✓ No	or to onser.	<u> </u>			
A Magazina	Yes					
4.2	BRCLYSBANKDE	And the state of t	La	st 4 digits of account number	4230	\$4,542.00
	Nonpriority Creditor PO BOX 26182	's Name		en was the debt incurred?	11/2014	
double he had a	Number Stree	t	Δs	of the date you file, the claim	is: Check all that apply.	
AYSamary				Contingent	. 101 01/001K all William =	
a domination of the state of th	WILMINGTON	Delaware	19899	Unliquidated		
According to	City Who incurred the	State debt? Check one.	Zip Code	Disputed		
v ag anover	Debtor 1 only		Ty	e of NONPRIORITY unsecured	d claim:	
	Debtor 2 only		-	Student loans		
document was an a	Debtor 1 and D	Debtor 2 only	<del> </del>	Obligations arising out of a sep	paration agreement or	
THE RESERVE	At least one of	the debtors and another		divorce that you did not report		
	Check if this	claim relates to a commun	ity debt	Debts to pension or profit-shar debts	ning plans, and other similar	
apparament.	ls the claim subje	ct to offset?	☑	Other. SpecifyCrec	ditCard	
	✓ No					
pode in parameter	∐ Yes			2-04-15-16-16-16-16-16-16-16-16-16-16-16-16-16-		A0.044.00
4.3	CAPITAL ONE Nonpriority Credito	r's Name	La	st 4 digits of account number	·	\$3,214.00
-	11013 W BROAD :	ST	W	nen was the debt incurred?	2/2011	
	Number Stree		As	of the date you file, the claim	is: Check all that apply.	
-	GLEN ALLEN	Virginia	23060	Contingent		
	City	State	Zip Code	Unliquidated		
	Who incurred the Debtor 1 only	debt? Check one.	Ļ	Disputed	at a balance	
and a V freehold	Debtor 2 only	, ,	Ty •—•	pe of NONPRIORITY unsecure	u ciami:	
Company of the compan	Debtor 1 and I	Debtor 2 only	L	Student loans  Obligations origing out of a ser	naration agreement or	
ARIPO CONTRACTOR		the debtors and another	L	Obligations arising out of a ser divorce that you did not report		
noncommunity who		claim relates to a commun	nity debt	Debts to pension or profit-shart debts	ring plans, and other similar	
Bradiseve annua	Is the claim subje		, <u></u>		ditCard	
Acceptance in the last of the last	☑ No		<u>:</u>			
UM W//ANTANY	Yes					

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Debto		noemaker Case number (if known)	
		st Name	
Part 2	Your NONPRIORITY Unsecured Claims - Continue	ation Page	
	After listing any entries on this page, number them beginning	ng with 4.5, followed by 4.6, and so forth.	Total claim
4.4	CHASE CARD	—— Last 4 digits of account number 1924	\$836.00
	Nonpriority Creditor's Name 201 N. WALNUT ST//DE1-1027	When was the debt incurred? 1/2015	•
	Number Street		
		As of the date you file, the claim is: Check all that apply.  Contingent	
	WILMINGTON Delaware 19801	Unliquidated	
	City State Zip Code Who incurred the debt? Check one.	Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other, Specify CreditCard	
	<b>☑</b> No		
	Yes		
4.5	CITI	43374 Hall 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	¢1 062 00
	Nonpriority Creditor's Name	Last 4 digits of account number 2187	\$1,063.00
	POB 6241 Number Street	When was the debt Incurred? 4/2016	
		As of the date you file, the claim is: Check all that apply.	
	SIOUX FALLS South Dakota 57117	Contingent	
	City State Zip Code	—— Unliquidated	
	Who incurred the debt? Check one.  Debtor 1 only	Disputed	
	<u>                                      </u>	Type of NONPRIORITY unsecured claim:	
	Debtor 2 anly	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts	
	Is the claim subject to offset?	Other, Specify CreditCard	
	✓ No		
	Yes		
4.6	DISCOVERBANK	—— Last 4 digits of account number 4243	\$13,790.00
	Nonpriority Creditor's Name POB 15316	When was the debt incurred? 12/1993	
	Number Street	<del></del>	
		As of the date you file, the claim is: Check all that apply.  Contingent	
	WILMINGTON Delaware 19850	Unliquidated	
	City State Zip Code Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	lected '	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify CreditCard	
	☑ No	had	
	Yes		
	<del></del>		

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Debto		emaker Case number (if known)	
	First Name Middle Name Last	Name	
Part 2	Your NONPRIORITY Unsecured Claims - Continuat	tion Page	
de monde	After listing any entries on this page, number them beginning		Total claim
_		3 With 4.5, 10110 Wed by 4.5, and 60 101 Mi	end signate contract for the property
4.7	ELAN FIN SVC Nonpriority Creditor's Name	— Last 4 digits of account number 4889	\$1,979.00
	PO BOX 2066	When was the debt incurred? 12/2016	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		2000000	
	MILWAUKEE Wisconsin 53201	Contingent	
2	City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
avea france des	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
de district A Facility of the Control of the Contro	At least one of the debtors and another	divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar	
W GOOD OF THE	Check if this claim relates to a community debt	debts	
and American	Is the claim subject to offset?	Other. Specify CreditCard	
	✓ No		
	Yes	•	
4.0	\$ 6.02 of		
4.8	Nappriority Creditor's Name	Last 4 digits of account number	
		When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
		— Unliquidated	
	City State Zip Code		
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Yamenaye	Debtor 2 only	Student loans	
**************************************	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
edecate transfer	At least one of the debtors and another	divorce that you did not report as priority claims	
WANT SATISFACE OF	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
-	No No	<del></del>	
wedshinder t	Yes		
	<u>kanalan kanangganggan dan 1985, ang kananggan na manggan ng panggan kanangganggan dan kanalan kanangganggan</u>		\$3,145.00
4.9	SYNCB/WLMRTD Nonpriority Creditor's Name	Last 4 digits of account number 6594	φυ, 145,00
-	P.O. Box 960024	When was the debt incurred?11/2012	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
10.004	Orlando Florida 32896		
	City State Zip Code	Unliquidated	
AND VANCO	Who incurred the debt? Check one.	Disputed	
Complete State (	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
***************************************	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
and the second	At least one of the debtors and another	divorce that you did not report as priority claims	
STATE OF THE PARTY	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
***	Is the claim subject to offset?	Other. Specify CreditCard	
2	☑ No	_	
	Yes		

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Debtor 1 h		Shoemaker		Case number (if known)
F	First Name	Middle Name Last Name		, <u>, , , , , , , , , , , , , , , , , , </u>
Part 4:	Add the	Amounts for Each Type of Unsecured Claim		
6.				
Total	I the amo	unts of certain types of unsecured claims. This information	is for a	statistical reporting purposes only, 28 U.S.C. §159.
Add 1	ine amou	nts for each type of unsecured claim.		
				Total claims
Total clair		a. Domestic support obligations.	6a.	\$0.00
from Part	1			
	61	Taxes and certain other debts you owe the government	6b,	\$0.00
	60	. Claims for death or personal injury while you were	6c,	\$0.00
		Intoxicated		·
				\$0,00
	60	l. Other. Add all other priority unsecured claims. Write tha	6d.	
		amount here.		
				\$0.00
	66	. Total. Add lines 6a through 6d.	6e.	
				Total claims
				·
Total clair	ma 66	Student loans	0.5	\$0.00
from Part		. Student loans	6f.	
	6.	Obligations spirits and of accounting	_	\$0.00
	θį	g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	40.00
		and the second s		
	6h	ı. Debts to pension or profit-sharing plans, and other simila	r 6h.	\$0.00
		debts		
				40-1.5600
	6i.	Other. Add all other nonpriority unsecured claims. Write	6i.	\$30668.00
		that amount here.		
	6j.	. Total. Add lines 6f through 6i,	6j.	\$ 30,648.00

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tor 1	Kay		Shoemaker
	First Name	Middle Name	Last Name
tor 2			
use, if filing)	First Name	Middle Name	Last Name
ed States E	Bankruptcy Court for the:	Northern	District of Illinois
d States E	Sankruptcy Court for the:	Northern	District of Illino (Stat

#### Official Form 106G

Check if this is an amended filling

### Schedule G: Executory Contracts and Unexpired Leases

2/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

Yes, Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fill in this in	formation to identify your c	ase:		
Debtor 1	Kay		Shoemaker	-
	First Name	Middle Name	Last Name	`
Debtor 2 (Spause, if filin	First Name	Middle Name	Last Name	
United State	s Bankruptcy Court for the:	•	District of Illinois	·
		Notatem	(State)	
Case numb (Ifknown)	er			
<u> </u>	7.000	- · · · · · · · · · · · · · · · · · · ·	- <del></del>	Check if this is a
O.C.C. 1				amended filing
Officia	l Form 106H			
Sched	ıle H: Your Cod	lebtors		12/1
			Manual Branch	s complete and accurate as possible. If two married people are
filing togeth	er, both are equally respoi	nsible for supplying corre	ct information. If more	space is needed, copy the Additional Page, fill it out, and number
filing togeth the entries i known). Ans	er, both are equally respoin the boxes on the left. At wer every question.	nsible for supplying correctach the Additional Page	ct information. If more to this page. On the to	space is needed, copy the Additional Page, fill it out, and number op of any Additional Pages, write your name and case number (if
filing togeth the entries i known). Ans	er, both are equally respoin the boxes on the left. At wer every question.  have any codebtors? (If you	nsible for supplying correctach the Additional Page	ct information. If more to this page. On the to	space is needed, copy the Additional Page, fill it out, and number op of any Additional Pages, write your name and case number (if
filing togeth the entries i known). Ans 1. Do you	er, both are equally respoin the boxes on the left. At wer every question.  have any codebtors? (If you	nsible for supplying correctach the Additional Page	ct information. If more to this page. On the to	space is needed, copy the Additional Page, fill it out, and number op of any Additional Pages, write your name and case number (if
thling togeth the entries i known). Ans  1. Do you  N N Y 2. Within	er, both are equally respond the boxes on the left. At wer every question.  have any codebtors? (If your codebtors?)  the last 8 years, have your codebtors?	nsible for supplying correctach the Additional Page ou are filing a joint case, do	ct information. If more to this page. On the to not list either spouse as	space is needed, copy the Additional Page, fill it out, and number op of any Additional Pages, write your name and case number (if a codebtor.)
tiling togeth the entries i known). Ans  1. Do you  N N Y  2. Within Idaho,	er, both are equally respond the boxes on the left. At wer every question.  have any codebtors? (If your codebtors?)  the last 8 years, have your codebtors.	nsible for supplying correctach the Additional Page ou are filing a joint case, do	ct information. If more to this page. On the to not list either spouse as	space is needed, copy the Additional Page, fill it out, and number op of any Additional Pages, write your name and case number (if a codebtor.)
the entries in the entries in the known). Ans  1. Do you  \textstyle \text{N} \text{N} \text{N} \text{N} \text{In Idaho,} \text{Idaho,}	er, both are equally respond the boxes on the left. At wer every question.  have any codebtors? (If you see the last 8 years, have you coulsiana, Nevada, New Mex on Go to line 3.	nsible for supplying correctach the Additional Page or are filing a joint case, do not case, was considered in a community propico, Puerto Rico, Texas, Was	ct information. If more to this page. On the to not list either spouse as perty state or territory ishington, and Wisconsi	space is needed, copy the Additional Page, fill it out, and number op of any Additional Pages, write your name and case number (if a codebtor.)  a codebtor.)  a (Community property states and territories include Arizona, California, n.)
the entries in the entries in the known). Ans  1. Do you  \textstyle \text{N} \text{N} \text{N} \text{N} \text{In Idaho,} \text{Idaho,}	er, both are equally respondent the boxes on the left. At wer every question.  have any codebtors? (If you come and codebtors? (If you come and codebtors? (If you co	nsible for supplying correctach the Additional Page or are filing a joint case, do not case, was considered in a community propico, Puerto Rico, Texas, Was	ct information. If more to this page. On the to not list either spouse as perty state or territory ishington, and Wisconsi	space is needed, copy the Additional Page, fill it out, and number op of any Additional Pages, write your name and case number (if a codebtor.)  a codebtor.)  a (Community property states and territories include Arizona, California, n.)
the entries in the entries in the known). Ans  1. Do you  \textstyle \text{N} \text{N} \text{N} \text{N} \text{In Idaho,} \text{Idaho,}	er, both are equally respond the boxes on the left. At wer every question.  have any codebtors? (If you come any codebtors? (If you codebt	nsible for supplying correctach the Additional Page ou are filing a joint case, do not are fil	ct information. If more to this page, On the to this page, On the to not list either spouse as perty state or territory ishington, and Wisconsi ent live with you at the	space is needed, copy the Additional Page, fill it out, and number op of any Additional Pages, write your name and case number (if a codebtor.)  a codebtor.)  a (Community property states and territories include Arizona, California, n.)
the entries in the entries in the known). Ans  1. Do you  \textstyle \text{N} \text{N} \text{N} \text{N} \text{In Idaho,} \text{Idaho,}	er, both are equally respond the boxes on the left. At wer every question.  have any codebtors? (If you come any codebtors? (If you codebtors?) (If you codebtors?)  No yes. In which community	nsible for supplying correctach the Additional Page ou are filing a joint case, do not are fil	ct information. If more to this page. On the to not list either spouse as perty state or territory ishington, and Wisconsi ent live with you at the live?	space is needed, copy the Additional Page, fill it out, and number op of any Additional Pages, write your name and case number (if a codebtor.)  ? (Community property states and territories include Arizona, California, n.)
the entries in the entries in the known). Ans  1. Do you  \textstyle \text{N} \text{N} \text{N} \text{N} \text{In Idaho,} \text{Idaho,}	er, both are equally respond the boxes on the left. At wer every question.  have any codebtors? (If you come any codebtors? (If you codebtors?) (If you codebtors?)  No yes. In which community	nsible for supplying correctach the Additional Page or are filing a joint case, do not are fil	ct information. If more to this page. On the to not list either spouse as perty state or territory ishington, and Wisconsi ent live with you at the live?	space is needed, copy the Additional Page, fill it out, and number op of any Additional Pages, write your name and case number (if a codebtor.)  ? (Community property states and territories include Arizona, California, n.)
the entries in the entries in the known). Ans  1. Do you  \textstyle \text{N} \text{N} \text{N} \text{N} \text{In Idaho,} \text{Idaho,}	er, both are equally respondent the boxes on the left. At wer every question.  have any codebtors? (If you come any codebtors?)  No yes. In which community was a formed any community community and community was a formed any codebtors.	nsible for supplying correctach the Additional Page or are filing a joint case, do not are fil	ct information. If more to this page. On the to not list either spouse as perty state or territory ishington, and Wisconsi ent live with you at the live?	space is needed, copy the Additional Page, fill it out, and number op of any Additional Pages, write your name and case number (if a codebtor.)  ? (Community property states and territories include Arizona, California, n.)  time?  — Fill in the name and current address of that person.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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Fill in this	information to identify	your case:					
Debtor 1	Kay		Shoem	naker			
	First Name	Middle Name	Last N	ame		eck if this is:	
Debtor 2		· · · · · · · · · · · · · · · · · · ·				An amended filing	
(Spouse, if f	iling) First Name	Middle Name	Last N	ame	Lanna.	A .	ant potition chapter 12
the:	tes Bankruptcy Court for	Northern	_ District of III S	nois State)		A supplement showing po expenses as of the following	
(If known)	oer					MM / DD / YYYY	
Officia	al Form 106l						
Sched	lule I: Your In	come					12/15
information spouse. If number (i	on about your spouse. I	-	d your spous	se is no	t filing with you, do	o not include informatio	on about your
			Debtor 1	1		Debtor 2	
1	your employment nation.				gggggsteller og Georgia kannakonski nikalis († 1888). T		
lf vou	have more than one job,	Employment status	Emplo	yed		Employed	
attach	a separate page with		<b>✓</b> Not Er	mployed		Not Employed	
inform emplo	ation about additional	Occupation					
-	e part time, seasonal, or	Employer's name					
	nployed work.	Employer's address					and the second
	pation may include student memaker, if it applies.	Employer & address	Number Sti	reet	<u> </u>	Number Street	14000000
e avoids dat Abrainsida e date				······································			
			City		State Zip Code	City	State Zip Code
en de la		How long employed there?				<u>In-production</u>	
Part 2:	Give Details About N	Monthly Income					
Programming (							
spouse u	uniess you are separated.	the date you file this for					
	your non-filing spouse hav ace, attach a separate she	e more than one employer	, combine the	informa	tion for all employers	for that person on the lines	below, If you need
Hora sh	ace, allach a separate she	et to this lorre.			For Debtor 1	For Debtor 2 or non-filing spouse	
2. List ded be.	monthly gross wages, sal uctions.) If not paid monthly	ary, and commissions (before, calculate what the monthly	re all payroll wage would	2.	\$0.00	The state of the s	-
3. Esti	imate and list monthly ove	rtime pay.		3	+ \$0.00		<u>-</u> _
4. Cal	culate gross income. Add	line 2 + line 3.		4.	\$0.00		_

Official Form 106l Schedule I: Your Income page 1

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Debtor 1Kay	Shoemaker	Case numbe	er <i>(If</i>	
First Name Middle Name	Last Name	known)		
		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	<b>→</b> 4.	\$0,00		
5. List all payroll deductions:		70,00		
5a. Tax, Medicare, and Social Security deductions	5a,	\$0.00		
5b. Mandatory contributions for retirement plans	5b.	\$0.00		
5c. Voluntary contributions for retirement plans	5c.			
5d. Required repayments of retirement fund loans	_	\$0.00	<u> </u>	
5e. Insurance	5d	\$0.00	#-120-14	
	5e	\$0.00		
5f. Domestic support obligations	5f	\$0.00		
5g, Union dues	5g	\$0.00	<del></del>	
5h. Other deductions. Specify:	5h. + _	<u>\$0.00</u> +		
6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5$ + $5h$ .	5e+5f+5g 6	\$0.00		
7. Calculate total monthly take-home pay. Subtract line 6 from	m line 4. 7.	\$0.00	F-037-01-07-34-4	
8. List all other income regularly received:				
<ol> <li>Net income from rental property and from operating a business, profession, or farm</li> </ol>				
Attach a statement for each property and business showin gross receipts, ordinary and necessary business expenses the total monthly net income.		\$0.00		
8b. Interest and dividends	8b	\$0.00		
8c. Family support payments that you, a non-filing spouse dependent regularly receive	e, or a			
Include alimony, spousal support, child support, maintena divorce settlement, and property settlement.	ance, 8c	\$0.00	-	
8d. Unemployment compensation	8d	\$0.00		
8e. Social Security	8e	\$1,843.00		
8f. Other government assistance that you regularly recei- lnclude cash assistance and the value (if known) of any no cash assistance that you receive, such as food stamps (be- under the Supplemental Nutrition Assistance Program) or housing subsidies Specify:	on-	\$0,00		
8g. Pension or retirement income	8g.	\$1,658.00		
8h. Other monthly income. Specify: See attached	8h. +	\$0.00 +		
9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f	+8g + 8h. 9.	\$3,501.00		
10.Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filin	ng spouse	\$3,501.00 +		\$3,501.00
11. State all other regular contributions to the expenses tha Include contributions from an unmarried partner, members of friends or relatives. Do not include any amounts already included in lines 2-10 or	your household, your de	ependents, your roomn		
Specify:			11	\$0,00
12. Add the amount in the last column of line 10 to the amou Write that amount on the Summary of Schedules and Statistic.	unt in line 11. The resul	t is the combined mon	thly income, 12.	\$3,501,00
or solved and dialistic	Or Cortain En		neg ir ic dopyrod	Combined
13. Do you expect an increase or decrease within the year a	fter you file this form?			monthly income
Yes. Explain:	· · · · · · · · · · · · · · · · · · ·	- ****		

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Debtor 1Kay		Shoemaker	Case number @f		
First Name	Middle Name	Last Name	known)		
Part 2: Give Details Al	oout Monthly Income				
Official Form 106l.	Additional page.				
			For Debtor 1	For Debtor 2 or non-filing spouse	
8f.Other government assista	nce that you regularly receiv	e, Specify:			
1. Food Assistance Program	s Income		\$0.00		
2. Other Government Assista	ance Income		\$0.00		
8h.Other monthly income. S	pecify:				
1. Long Term Disability Inco	me		\$0.00		
2. Short Term Disability Inco	me		\$0.00		
3 Voluntary Household Con	tributions Income		\$0.00		

4. Workers Compensation Income

\$0.00

Official Form 106l Schedule I: Your Income page 3

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					_		
Fill in this info	mation to ident	fy your case:					
Debtor 1	Kay			Shoemaker			
Debtor 2	First Name		Middle Name	Last Name	Check if this is:		
(Spause, if filing)	First Name		Middle Name	Last Name	An amended filin	g	
United States F	Bankruptcy Cour	t for the: North	em	District of Illinois	A supplement sh	nawing post-petition	chapter 13
		1101111		(State)		he following date:	•
Case number (If known)					MM / DD / YYYY	<del></del>	
Official	Form 10	)6J					
Schedul	e J: Your	Expense	es				12/1:
information. If	e and accurate more space is r wer every ques	needed, attach	two married people a another sheet to this	re filing together, both are equal form. On the top of any addition	ally responsible for supp nal pages, write your na	lying correct ame and case num	ber
Part 1: Des	cribe Your Ho	ousehold					
1. Is this a joi	nt case?		,				
No. Go	to line 2						
	oes Debtor 2 liv	a in a canarata	household?				
L 100. 2		e iii a separate	nousenoiar				
L	No						
	Principal Company	must file Officia	l Forms 106J-2, <i>Exper</i>	nses for Separate Household of De	btor 2.		
2. Do you hav	e dependents?	<b>√</b> No			Performance process of the second sec		TOTTO TOTAL DELICATION AND A
Do not list D Debtor 2.	ebtor 1 and	Yes. Fill o each depe	ut this information for endent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent with you?	live
•	enses include f people other	<b>√</b> No			- Nag (A. 1)		
than	-	<u></u>					
yourself and dependents	-	Yes					
Part 2; Estir	nate Your On	going Monthl	y Expenses	177 V. A.			
Estimate your expenses as o applicable da	it a date after th	your bankrupt ne bankruptcy i	cy filing date unless y s filed. If this is a sup	ou are using this form as a supp plemental Schedule J, check th	plement in a Chapter 13 ne box at the top of the	case to report form and fill in the	
Include expen such assistan	ses paid for wit ce and have inc	h non-cash gov luded it on Sch	vernment assistance i redule I: Your Income	if you know the value of (Official Form B 106L)		Your e	xpenses
4. The rental any rent fo	or home owner r the ground or l	ship expenses ot. 4.	for your residence. In	clude first mortgage payments an	i	4.	\$1,121.02
	uded in line 4:					4.	
4a. Real es	tate taxes					4a	\$0.00
4b, Proper	ty, homeowner's	, or renter's insu	rance			4b.	\$0.00
4c, Home	maintenance, rep	air, and upkeep	expenses			4c.	\$150.00
4d, Homed	owner's associati	on or condomin	ium dues			4d	\$0.00

\$0.00

4d,

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Debtor 1 Kay First Name Shoemaker Case number (if known) Middle Name Last Name Your expenses \$0,00 5. Additional mortgage payments for your residence, such as home equity loans 5. \$300.00 6a. Electricity, heat, natural gas 6a. \$115.00 6b. Water, sewer, garbage collection 6b. \$310.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. 6d. Other. Specify: 6d \$0.00 \$400,00 7. Food and housekeeping supplies 7. \$0.00 8. Childcare and children's education costs 8. 9. Clothing, laundry, and dry cleaning 9. \$150.00 \$150.00 10. Personal care products and services 10. 11. Medical and dental expenses 11. \$200.00 12. Transportation, Include gas, maintenance, bus or train fare. 12 \$300.00 Do not include car payments \$75,00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a \$0.00 15a. Life insurance 15b \$0.00 15b. Health insurance \$150.00 15c 15c. Vehicle insurance 15d, Other insurance. Specify: \$0.00 15d 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0,00 Specify: 16 17. Installment or lease payments: 17a \$0,00 17a, Car payments for Vehicle 1 \$0.00 17b. Car payments for Vehicle 2 17b 17c, Other, Specify: \_ \$0.00 17c \$0.00 17d, Other, Specify: 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. 19. \$0,00 Specify: 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 \$0.00 20c 20c. Property, homeowner's, or renter's insurance 20d \$0.00 20d. Maintenance, repair, and upkeep expenses. 20e. Homeowner's association or condominium dues 20e \$0.00

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Debtor 1				Shoemaker	Case number (if known)		
	First Na	me Midd	le Name	Last Name			
21.Other	r. Speci	fy:				21	\$0.00
						,	
	-	our monthly expenses.					\$3,421.02
		s 4 through 21,					\$0.00
1		e 22 (monthly expenses for De					\$3,421.02
22c. A	Add line	22a and 22b. The result is you	ır monthly expens	es.		22.	
23,Calcu	ilate yo	our monthly net income.					
23a. C	Copy lin	e 12 (your combined monthly	income) from Sch	edule I.		23a	\$3,501.00
23b. 0	Сору ус	our monthly expenses from line	22 above.			23b	\$3,421.02
23c. S	23c. Subtract your monthly expenses from your monthly income.				\$79.98		
The result is your monthly net income.				23c	<b>410100</b>		
morts		, do you expect to finish payin; ayment to increase or decrease					
	Personal Annual	Explain here:					

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Debtor 1	Kay		Shoemaker
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if fiting)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Northern	District of Illinois
		· · · · · · ·	(State)
Case number			
(If known)		· · · · · · · · · · · · · · · · · · ·	- Constant

### Official Form 106Dec

Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Part 1: Sign Below	
Did you pay or agree to pay someone who is NOT an attorney to	help you fill out bankruptcy forms?
<b>☑</b> No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
	·
Under penalty of perjury, I declare that I have read the summary that they are true and correct.	and schedules filed with this declaration and
* 1s/ Kay Shoemaker fay Shoen at	*
Signature of Debtor 1	Signature of Debtor 2
Date 4/2/2018 MM/DD/YYYY	Date MM/DD/YYYY

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	Kay		Shoemak	er		
	First Name	Middle i	Name Last Nam	ie		
otor 2 ouse, if filing)	First Name	Middle I	Name Last Nam	ne .		
itad Statos	Bankruptcy Court for					
Red States	bankruptcy Court for	trie. Morthern	District of Illino (Stat			
se numbei nown)						
fficial	Form 107					Check if this amended fil
		oial Affaire f	or Individuals	Eiling for Donley	unto:	
				Filing for Bankru		
as compi omation,	ete and accurate as If more space is ne	eded, attach a sep	amed people are filing arate sheet to this form	together, both are equally i . On the top of any addition	responsible for nal pages, write	supplying correct your name and case
nber (if k	nown). Answer eve	ry question.		. ,		•
della Giv	e Details About Yo	our Marital Status	and Where You Lived	Refore		
			Taria Princio I da Erroa	Doloro		
What i	s your current marita	ıl status?				
ΠМ	arried					
TAR NA	ot married					
bi-A						
lain.A		e you lived anywhere	e other than where you liv	ve now?		
During	the last 3 years, hav		-			
During	the last 3 years, hav		e other than where you liv t 3 years. Do not include v			
During	the last 3 years, hav		-			
During  No	the last 3 years, hav		t 3 years, Do not include v Dates Debtor 1 lived			Dates Debtor 2 lived
During Vi	the last 3 years, have		t 3 years. Do not include v	where you live now.		Dates Debtor 2 lived there
During  No	the last 3 years, have		t 3 years, Do not include v Dates Debtor 1 lived	where you live now.		
During  No Ye	the last 3 years, haves the last 3 years, haves the last all of the place but or 1:		t 3 years, Do not include v Dates Debtor 1 lived there	where you live now.  Debtor 2:		there Same as Debtor 1
During  No Ye	the last 3 years, have		t 3 years. Do not include v  Dates Debtor 1 lived there	where you live now.  Debtor 2:		there
During  No Ye	the last 3 years, haves the last 3 years, haves the last all of the place but or 1:		t 3 years, Do not include v Dates Debtor 1 lived there	where you live now.  Debtor 2:  Same as Debtor 1		there Same as Debtor 1
During No Ye	the last 3 years, haves. List all of the place better 1:	es you lived in the last	t 3 years. Do not include v  Dates Debtor 1 lived there	where you live now.  Debtor 2:  Same as Debtor 1  Number Street	7in Code	there Same as Debtor 1
During  No Ye	the last 3 years, haves. List all of the place better 1:		t 3 years. Do not include v  Dates Debtor 1 lived there	where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City State	Zip Code	there Same as Debtor 1 From To
During No Ye	the last 3 years, haves. List all of the place better 1:	es you lived in the last	t 3 years. Do not include v  Dates Debtor 1 lived there	where you live now.  Debtor 2:  Same as Debtor 1  Number Street	Zip Code	there Same as Debtor 1
During  No  Ye  De	the last 3 years, haves ss. List all of the place bettor 1:  umber Street	es you lived in the last	t 3 years, Do not include v  Dates Debtor 1 lived there  From To	where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City State  Same as Debtor 1	Zip Code	there Same as Debtor 1 From To Same as Debtor 1
During  No  Ye  De	the last 3 years, haves. List all of the place better 1:	es you lived in the last	t 3 years. Do not include v  Dates Debtor 1 lived there  From To	where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City State	Zip Code	From Same as Debtor 1  Same as Debtor 1  From Same as Debtor 1
During  No  Ye  De	the last 3 years, haves ss. List all of the place bettor 1:  umber Street	es you lived in the last	t 3 years, Do not include v  Dates Debtor 1 lived there  From To	where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City State  Same as Debtor 1	Zip Code	there Same as Debtor 1 From To Same as Debtor 1
During  No  Ye  De	the last 3 years, have  ss. List all of the place  bbtor 1:  umber Street  y State	es you lived in the last	t 3 years. Do not include v  Dates Debtor 1 lived there  From To	where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City State  Same as Debtor 1	Zip Code	From Same as Debtor 1

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Debto	r1 Kay	Shoem		mber (if known)	
	First Name Middle	Name Last Na	ime		
Part 2	Explain the Sources of Your Inc	come			
4. C	old you have any income from employm ill in the total amount of income you receive ctivities. If you are filing a joint case and you have you have your personal you have your yes. Fill in the details.	ent or from operating a bu	sinesses, including part-time		years?
L	one a	Debtor 1		Debtor 2	
	,	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business		Wages, commissions, bonuses, tips Operating a business	
	For last calendar year: (January 1 to December 31, 2017 )  YYYY	Wages, commissions, bonuses, tips Operating a business		Wages, commissions, bonuses, tips Operating a business	
	For the calendar year before that: (January 1 to December 31, 2016 )	Wages, commissions, bonuses, tips Operating a business		Wages, commissions, bonuses, tips Operating a business	· .
p fil	nclude income regardless of whether that in ublic benefit payments; pensions; rental in ing a joint case and you have income that ist each source and the gross income from No  Yes, Fill in the details.	come; interest; dividends; n you received together, list it	noney collected from lawsuits; t only once under Debtor 1.	royalties; and gambling and	d lottery winnings. If you are
Ŀ	7 (es. Fill III ule détails.	Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
		SS Disability	\$7,372.00		
	From January 1 of current year until the date you filed for bankruptcy:	IMRF Pension Income	\$6,632.00		
	The second secon	SS Disability	\$23,448.00		
	For last calendar year: (January 1 to December 31, 2017 )  YYYY	IMRF Pension Income	\$19,896.00		
		SS Disability	\$23,448.00		
	For the calendar year before that: (January 1 to December 31, 2016 )	IMRF Pension Income	\$19,896.00		-
					and the state of t

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tor 1				Shoemaker	Case nu	mber (if known)	
	First Name		Middle Name	Last Name			
3;	List Certair	Payment	s You Made Be	fore You Filed for Bar	nkruptcy		
Are e	either Debtor	1's or Debt	or 2's debts prima	rily consumer debts?			
<b>口</b>			r Debtor 2 has prii II, family, or househ		Consumer debts are defin	ed in 11 U.S.C. § 101(8) as "ir	ncurred by an individual
	During th	e 90 days be	efore you filed for be	ankruptcy, did you pay any	y creditor a total of \$6,42	5* or mare?	
	No.	Go to line 7.					
	Yes.	total amour	it you paid that cred	om you paid a total of \$6,4 ditor. Do not include paym o, do not include payment	ents for domestic suppor	t obligations, such as	
	* Subject	to adjustme	nt on 4/01/19 and	every 3 years after that for	cases filed on or after the	date of adjustment.	
<u> </u>	es. Debtor 1	or Debtor 2	or both have prin	narily consumer debts.			
	During th	e 90 days be	efore you filed for ba	ankruptcy, did you pay any	creditor a total of \$600	or more?	
	✓ No. (	Go to line 7.					
	Yes.	that creditor	. Do not include pa	om you paid a total of \$60 lyments for domestic supp payments to an attorney fo	ort obligations, such as o	nount you paid thild support and	
	•			Dates of payment	Total amount paid	Amount you still owe	Was this payment for
ī	Creditor's Nam	е	····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4,		Mortgage
1	Number Street						Car Credit card
-							Loan repayment
7	Dity	State	Zip Code				Suppliers or
							vendors Other
7	Creditor's Nam	e					Mortgage
Ī	vumber Street					•	Car
_	Tambar 5, 550						Credit card
7	Dity	State	Zip Code				Loan repayment Suppliers or
	•		,				vendors
			·			- North Control of the Control of th	Other
Č	Creditor's Nam	е					☐ Mortgage ☐ Car
ī	lumber Street						Credit card
_		*******					Loan repayment
7	City	State	Zip Code		•		Suppliers or vendors
							Other

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Debtor 1			Shaem	MIN 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Case number (if.	known)
	First Name	Middle Name	Last Nar	ne .		
Insi con age	thin 1 year before you filed for iders include your relatives; any porations of which you are an c ant, including one for a business th as child support and alimony	general partners; relativ officer, director, person s you operate as a sole	ves of any gene in control, or o	eral partners; partners wner of 20% or m	erships of which you sore of their voting s	u are a general partner; securities; and any managing
M	No					
	Yes. List all payments to an	Date		Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name			All Transcription		
	Number Street		•			
	City State	Zíp Code	· · · · · · · · · · · · · · · · · · ·			
	Insider's Name					
	Number Street	<del></del>				
	City State	Zip Code				
	ider? lude payments on debts guarar No Yes, List all payments that b	enefited an insider. Dat	n insider. tes of yment	Total amount paid	Amount you still owe	Reason for this payment
						Include créditor's name
	Insider's Name		<del>» </del>			
	Number Street					
	City State	Zip Code				
	The second secon					
	Insider's Name					
	Number Street					
	City State	Zip Code				
	Oil)					

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Del	btor 1	Kay First Name	Middle Name	Shoemaker Last Name	0	ase numb <i>e</i> r <i>(if</i>	known)	
Par	t 4:	Identify Legal Actions	s, Repossession	s, and Foreclosures				
9,	List a	in 1 year before you filed all such matters, including pract disputes.	for bankruptcy, w personal injury case	vere you a party in any law s, small claims actions, divor	suit, court acti ces, collection s	on, or adminisuits, paternity a	strative proces ctions, support	eding? or custody modifications, and
		No Yes. Fill in the details.						
	اننا			Nature of the case	Court or a	gency		Status of the case
		Case title Discover Bank v. Kay Sho		Credit Collections	Grundy Co Court Nam	ounty Circuit Co	ourt	Pending
		Case number 2017LM245	Commission and American States		NumberStr		60450	On appeal Concluded
			LAYIA PRAVA		Morris City	Illinois State	Zip Code	
		Case title	777 % A	a van market e e comme general program e vicinista (n. 1000 de la	Court Nam	e		Pending
		Case number	As an our and another		NumberStr	eet		On appeal Concluded
					City	State	Zip Code	Concluded
		No. Go to line 11.  Yes. Fill in the informatio	n below.	Describe the prop	erty		Date	Value of the property
		Creditor's Name		Explain what happ	nened		J	
		Number Street			Jerred .			
				Property was re	reclosed.			
		City State	Zip Code	Property was g	amisned, ttached, seized,	or levied.		
				Describe the prop	erty	7 150 700 7500 (3600)	Date	Value of the property
		Creditor's Name		— ļ				
	•			Explain what happ	ened	<u> </u>		
		Number Street		Property was re				
				Property was for Property was gr		•		
		City State	Zip Code	— <b>ப</b>	amisned. tached, seized,	or levied.	V44. Who was a line of the control of the contro	

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Debt	tor 1 Kay	Shoemaker	Case number (if known)		
~	First Name Middle Name	Last Name			
11.	Within 90 days before you filed for bankruptcy, did a accounts or refuse to make a payment because you		nk or financial institution, set o	ff any amoun	ts from your
	✓ No ✓ Yes. Fill in the details.				
		Describe the action the		te action is taken	Amount
	Creditor's Name		The state of the s		
	Number Street	·			
		Last 4 digits of account n	ımber: XXXX-		
	City State Zip Code				
12.	Within 1 year before you filed for bankruptcy, was ar appointed receiver, a custodian, or another official?		ossession of an assignee for the	benefit of cr	reditors, a court-
	<b>☑</b> No				
	Yes				
Part	5: List Certain Gifts and Contributions				
40	Within O was to before you filed for honorous aid.	ou sive one sifts with a to	tal value of more than \$600 per	nercon?	
13.	Within 2 years before you filed for bankruptcy, did y	ou give any gins with a to	al value of more than 4000 per	person	
	☑ No				
	Yes. Fill in the details for each gift.		_		
	Gifts with a total value of more than \$600 per person	Describe the gifts		ites you ive the fts	Value
		***	-		
	Person to Whom You Gave the Gift	is a second and the s	***************************************		
	Number Street	transis in the distribution of the distributio			
	City State Zip Code	T The state of the			
	Person's relationship to you		u versione de la companya de la comp		
	Person to Whom You Gave the Gift				
	Number Street	ran Assartina	1917		
	City State Zip Code		111111111111111111111111111111111111111		
	Person's relationship to you				

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Debte	or 1			ase number (if known)	
		First Name Middle Name	Last Name	·	
14.	Wit	hin 2 years before you filed for bankruptcy, did	vou give any gifts or contributions w	th a total value of more than \$600	to any charity?
			you give any give or continuations u	a total value of more than poor	to any onanty.
	区	No			
	Ш	Yes. Fill in the details for each gift or contribution			
		Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
		that total more than \$400	SA 8, 11 11 12 4 15 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Contabated	
		Charity's Name			
		Chanty's Name		•	
		Number Street			
		City State Zip Code			
Part	6:	List Certain Losses		•	
	gan ☑	nbling?  No  Yes. Fill in the details.  Describe the property you lost and how the loss occurred	Describe any insurance coverage include the amount that insurance		Value of property lost
		The the loss secured	pending insurance claims on line 3.  A/B: Property.	•	1031
			] [		
Part	7:	List Certain Payments or Transfers			
	Incl	ude any attorneys, bankruptcy petition preparers, or No No Yes. Fill in the details.	credit counseling agencies for services  Description and value of any projutransferred		Amount of payment
				NOT THE CONTROL OF TH	
		Person Who Was Paid	WATER MICHIGAN		
		Number Street	As parameters.		
		Nomba Creat	and the state of t		
			The state of the s		
		City State Zip Code	· construction of the cons		
		ony chart zip code	service services.		
		Email or website address		The state of the s	
		Person Who Made the Payment, if Not You		to any and a second and a second a seco	
		Abacus Credit Counseling	\$15.00 - 15.00	2/7/2018	\$15.00
		Person Who Was Paid	\$13.00 ^ 13.00	2///2010	Ψ13.00
		17337 Ventura Blvd.	der is account	•	
		Number Street	t control and		
		Volley and a second a second and a second and a second and a second and a second an	Zapana a sancina		
		Encino California 91316			
		City State Zip Code		•	
		Email or website address	Commissioner		
			out and the second of the seco	Table of the state	
		Person Who Made the Payment, if Not You	***************************************	Trans.	

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Deb	tor 1	Kay		Shoemaker	Case number (if known)			
		First Name	Middle Name	Last Name				
17.	help	hin 1 year before you filed for l p you deal with your creditors not include any payment or trans	or to make paymen		ehalf pay or transfer	any property to a	nyone w	vho promised to
	<b>✓</b>	No Yes. Fill in the details.						
		165, The lift trie Gottago,		Paradolfon and astro-of-param		Date	Amou	nt of payment
				Description and value of any pr transferred	operty	payment or transfer was made	Amou	nt of payment
		Person Who Was Paid						***************************************
		Number Street	····					
		*		opportunities on Apparatum and				
		City State	Zip Code					
	and	I transfers that you have already I No Yes, Fill in the details.	isied on this statemet	Description and value of proper transferred		y property or occived or debts p	aid	Date transfer was made
		Person Who Received Transfer	·········				r January Company	
		Number Street		as a state of the	y y prom promotorion		debakkan salkar administrativas a vist to	
		City State Person's relationship to you	Zip Code				remande, von discoples de une explany y promi	
		Person Who Received Transfer		An order of the state of the st	A A A MARKA SA A		of booksillation and weening the of Ar	<del>,</del>
		Number Street					arman and a state of the state	
		City State Person's relationship to you	Zip Code				ee ee dameel oo daabaa oo daabaa oo daabaa oo o	
19.	ber	thin 10 years before you filed for a filed for a filed for a filed for a filed a filed asset-protect asset-protect for a filed filed asset-protect for a filed fil		ou transfer any property to a sel:	f-settled trust or sin	nilar device of whi	ch you a	are a
	<b>☑</b>	No						
		Yes, Fill in the details.						
				Description and value of the p	property transferred			Date transfer was made
		Name of trust						

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Debt	otor 1 Kay	Shoemaker	Case number (if known)	
	First Name Middle Name	Last Name		
Part	t 87 List Certain Financial Accounts, Inst	ruments, Safe Deposit Boxes,	and Storage Units	
20.	Within 1 year before you filed for bankruptcy, moved, or transferred? Include checking, savings, money market, or oth cooperatives, associations, and other financial instance.	er financial accounts; certificates of de		
	☑ No			
	Yes. Fill in the details.			
		Last 4 digits of account	Type of account or	Date Last balance
		number	instrument	account was before closed, sold, closing or moved, or transfer transferred
	Person Who Was Paid	XXXX-	Checking	
			Savings	v
	Number Street		Money market	
			Brokerage	
			Other	
	City State Zip Code	A		
	Person Who Was Paid	XXXX-	Checking Savings	
	Number Street	···	Money market	
			Brokerage Other	
	City State Zip Code	Andreas Andrea	Other	
21.	Do you now have, or did you have within 1 year other valuables?  No Yes, Fill in the details.			
		Who else had access to it?	Describe the conte	ents Do you still have it?
	Name of Financial Institution	Name		☐ No
	Number Street	Number Street	<del></del>	Yes
		City State Zip	Code	-
	0.1.	- Old Dide 15	0000	
	City State Zip Code		<u> </u>	
22.	Have you stored property in a storage unit or	place other than your home within	1 year before you filed for bank	ruptcy?
	No No	•		
	Yes. Fill in the details.			
		Who else had access to it?	Describe the conte	nts Do you still
			Dodoribo tilo oditta	have it?
	Name of Ctorona English	None		No
	Name of Storage Facility	Name		
	Number Street	Number Street		Yes
		City State Zip	Code	
	City State Zip Code			
	ony diate zip code			

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Debt	or 1	Kay	Shoemaker	Case number (	(if known)	
		First Name Middle Name	Last Name			
Part	9:	Identify Property You Hold or Control	for Someone Else	·		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
23,		you hold or control any property that someoneone.	ne else owns? Include any p	roperty you borrowed fr	om, are storing for, or hold in	trust for
	4	No				
		Yes. Fill in the details.				
			Where is the property?	Descri	be the contents	Value
		Owner's Name	NumberStreet	<u> </u>	TO A TO TO TO A TO TO TO A TO TO TO A TO TO TO TO TO TO TO TO A TO	· · · · · · · · · · · · · · · · · · ·
		Number Street		-	many a service constitution of the service constitution of	
			City State	Zip Code		
		City State Zip Code		THE PARTY OF THE P	none en e	
Part	-10-		ormation	!		
110741101		surpose of Part 10, the following definitions app				
	•			i a a a dhallan a a a baan la a	stion valagoog at	
1	h	invironmental law means any federal, state, or lo azardous or toxic substances, wastes, or materi cluding statutes or regulations controlling the c	al into the air, land, soil, surfac	water, groundwater, or o		
1		ite means any location, facility, or property as de rused to own, operate, or utilize it, including dis		law, whether you now o	wn, operate, or utilize it	
1		lazardous material means anything an environm		s waste, hazardous subs	stance,	
	to	oxic substance, hazardous material, pollutant, co	ontaminant, or similar term.			
Repo	ort al	I notices, releases, and proceedings that you kn	ow about, regardless of when	they occurred.		
04	Use	any governmental unit notified you that you	u may ha liabla ar natantially	liable under er in viela	tion of an environmental law?	2
<b>24.</b>	nas		tillay be hable of potentially	habie thiter of itt word	tion of an environmental law.	,
	V	No				
	Ш	Yes, Fill in the details,		E. Mu		D-44
			Governmental unit	Enviro	nmental law, if you know it	Date of notice
		Name of site	Governmental unit			an and a second an
		Number Street	NumberStreet			OF AND A PROCESS AND ASSOCIATION OF THE STATE OF THE STAT
			City State	Zip Code		CAN ANN PARK ANN ANN ANN ANN ANN ANN ANN ANN ANN AN
		City State Zip Code		•		TO CAPE C. TOWARD OF THE TOWAR
25,	Hau	ve you notified any governmental unit of any	release of hazardous mater	al?		ş
20,			Teledae of Hazardodo Histori			
	닏	No Vac Fill in the details				
	Ш	Yes, Fill in the details.	Governmental unit	Enviro	nmental law, if you know it	Date of
			Governmental unit	Ellano	innernatiaw, ii you know ii	notice
		Name of site	Governmental unit			
		Number Street	NumberStreet			and the second s
			City State	Zip Code		are done virtual addresses
			Sity Claic	_p 0000		alfanaek Vorannen
		City State Zip Code				The state of the s

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Debi	tor 1	Kay First Name Middle Name	Shoemaker Last Name	Case number (if known)				
26.	nav	e you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.						
	뇓	No Yes, Fill in the details.						
	Ш		Court or agency	Nature of the case	Status of the case			
		Case title	Court Name		Pending			
			NumberStreet		On appeal			
		Case number			Concluded			
			City State Zip Code					
Part	11:	Give Details About Your Business or C	Connections to Any Business					
27.	Witi	nin 4 years before you filed for bankruptcy, di	id you own a business or have any of t	he following connections to any busines	s?			
	N N	A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  A member of a limited liability company (LLC) or limited liability partnership (LLP)  A partner in a partnership  An officer, director, or managing executive of a corporation  An owner of at least 5% of the voting or equity securities of a corporation  No. None of the above applies. Go to Part 12.						
	Ш	Yes. Check all that apply above and fill in the	e details below for each business.  Describe the nature of the bus	siness Employer Identification	number De net			
			Describe the nature of the bus	include Social Security				
		Business Name		EIN:				
				Datas kusimaas avistad				
		Number Street	Name of accountant or bookk	Dates business existed eeper				
		City State Zip Code		FromTo				
			Describe the nature of the bus	siness Employer Identification include Social Security in				
		Business Name		EIN:				
		Number Street	<del></del>	Dates business existed				
		City State Zip Code	Name of accountant or bookk	•				
		Gity State Zip Gode	Expension to Committee and another strength from anomalous of the september of the septembe	FromTo				
		77, TO TO TO THE TOTAL THE	Describe the nature of the bus	siness Employer Identification	number Do not			
			; Зиптенивачнинемотична атмынымот такоты минатымотого	include Social Security				
		Business Name	<del></del>	EIN:				
		Number Street		Dates business existed				
		number offer	Name of accountant or bookk	* C + x * * C + C + C + C + C + C + C + C + C +				
		City State Zip Code		From To				
			11 11 11 11 11 11 11 11 11 11 11 11 11	WAXAA AAAA				

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Debtor	1 Kay		Shoemaker	Case number (if known)
	First Name	Middle Name	Last Name	
	ithin 2 years before yo editors, or other parti		ou give a financial statem	ent to anyone about your business? Include all financial institutions,
	Yes. Fill in the detail	s below.		
	and.		Date issued	
			MM/DD/YYYY	_
	Name		WWW/DD/TTTT	
	Number Street		_	
	City	State Zip Code	·············	
Part 12	Sign Below			
	ankruptcy case can re			erty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2
	Signature	Of Debtory		J
	Date 4/2	2/2018		Date
Did	you attach additional	pages to Your Statement of	Financial Affairs for Indiv	iduals Filing for Bankruptcy (Official Form 107)?
	No			
	Yes			
Did	you pay or agree to pa	ny someone who is not an at	bankruptcy forms?	
	No			
	Yes. Name of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Debtor 1				Shoemaker	Case number (if known)		
	First Name		Middle Name	Last Name			
GANNA.	Additional Pa	ge					
			ankruptcy, did you ring a bankruptcy		our behalf pay or transfer an	y property to any	one you consulted
				Description and value transferred	of any property	Date payment or transfer was made	Amount of payment
	Malmquist, Gei	ger and Durke	e, LLC	Attomey's Fees and Filin	g fee - 1557,00	3/19/2018	\$1557.00
	Person Who Wa	s Paid		- Para Agrica			
	415 Liberty St.						
	Number Street						
	Morris	Illinois	60450				
	City	State	Zip Code				
	Email or website			And the second of the second o			
	Person Who Ma	ade the Payme	nt, if Not You				

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Debtor 1	Kay	Shoemaker	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		Northern	District of Illinois
			(State)

Check if this is an amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- m creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible, if more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property as exempt on Schedule C? Surrender the property. Creditor's name: MIDLAND STBK Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmatìon Agréement. securing debt: 280 W. 2nd St., Coal City, IL 60416 | Value: \$165,000.00 Retain the property and [explain]: No. Surrender the property. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Surrender the property. Creditor's name: Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: Surrender the property. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

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for Kay		Snoemaker	Case number (if
First Name	Middle Name	Last Name	known)
List Your Unexpired	Personal Property Leas	243	
4			
	al estate leases, Unexpire	d leases are leases that a	Contracts and Unexpired Leases (Official Form 106G), fill in the re still in effect; the lease period has not yet ended. You may J.S.C. § 365(p)(2).
Describe your unexpired per	rsonal property leases		Will the lease be assumed?
_essor's name:			□ No □ Yes
Description of leased property:			<del>_</del>
.essor's name:			□ No □ Yes
Description of leased property:			
.essor's name:			□ No □ Yes
Description of leased property:			
.essor's name:			□ No □ Yes
Description of leased property:			<del>_</del>
.essor's name:			□ No □ Yes
Description of leased property:			, <del>-</del>
.essor's name:			No Yes
Description of leased property:	•		
.essor's name:			□ No □ Yes
Description of leased property:			
Sign Below			
		my intention about any p	property of my estate that secures a debt and any personal
/s/ Kay Shoemaker	lyndrond	×	
Signature of Debtor 1		Sigr	ature of Debtor 2
Date 4/2/2018 MM/DD/YYYY		Date	θ ΜΜ/ĐĐ/ΥΥΥΥ

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DE  1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed decompensation paid to me within one year before the filling of the petition in bankruptcy, or agreed to be paid to rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy.  For legal services, I have agreed to accept	ebtor(s) and that me, for services case is as follows:					
DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DE  1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed decompensation paid to me within one year before the filling of the petition in bankruptcy, or agreed to be paid to rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy.  For legal services, I have agreed to accept	BTOR ebtor(s) and that me, for services case is as follows:					
DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DE  1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed decompensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy.  For legal services, I have agreed to accept	BTOR ebtor(s) and that me, for services case is as follows:					
<ol> <li>Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed decompensation paid to me within one year before the filling of the petition in bankruptcy, or agreed to be paid to rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy.</li> <li>For legal services, I have agreed to accept</li> </ol>	ebtor(s) and that me, for services case is as follows:					
compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy.  For legal services, I have agreed to accept	me, for services case is as follows:					
	44 000 00					
	\$1,200.00					
Prior to the filing of this statement I have received	\$1,200.00					
Balance Due	\$0.00					
2. The source of the compensation paid to me was:						
Debtor Other (specify)						
3. The source of the compensation paid to me is:						
Debtor Other (specify)						
4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.						
I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.						
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case	, including:					
<ul> <li>Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to bankruptcy;</li> </ul>	o file a petition in					
b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;						
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;						
6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:						
CERTIFICATION						
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for repres debtor(s) in this bankruptcy proceedings.	entation of the					
4/2/2018 /s/ James Durkee						
Date Signature of Attorney	,					
Malmquist Geiger & Durkee						
Name of law firm						

MIDLAND STBK 133 W JEFFERSON EFFINGHAM, IL, 62401

DISCOVERBANK POB 15316 WILMINGTON, DE, 19850

BRCLYSBANKDE PO BOX 26182 WILMINGTON, DE, 19899

CAPITAL ONE 11013 W BROAD ST GLEN ALLEN, VA, 23060

SYNCB/WLMRTD P.O. Box 960024 Orlando, FL, 32896

BK OF AMER POB 15026 WILMINGTON, DE, 19801

ELAN FIN SVC PO BOX 2066 MILWAUKEE, WI, 53201

CITI POB 6241 SIOUX FALLS, SD, 57117

CHASE CARD 201 N. WALNUT ST//DE1-1027 WILMINGTON, DE, 19801 Case 18-12016 Doc 1 Filed 04/25/18 Entered 04/25/18 08:35:12 Desc Main Document Page 55 of 55

## UNITED STATES BANKRUPTCY COURT Northern District of Illinois

in re:	Debtor(s)	Case No	
		Chapter,	Chapter7
	VERII	FICATION OF CREDITOR MAT	RIX
Th knowledge		erify that the attached list of creditors is tru	ue and correct to the best of their
Date:	4/2/2018	/s/ Shoemaker, K Shoemaker, Kay- Signature of Debi	Jay O